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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF ILLINOIS

Demico Turner)
 Plaintiff)
 vs.)
Hill Correctional Center,)
Medical Staff, Warden during)
2006, All Parties of Med)
Staff.)
 Defendant(s))

) 08CV4803
 JUDGE BUCKLO
 MAGISTRATE JUDGE ASHMAN

RECEIVED (cw)
 AUG 22 2008
 AUG 22 2008
 MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT

COMPLAINT

- 42 U.S.C. §1983 (suit against state officials for constitutional violations)
 28 U.S.C. § 1331 (suit against federal officials for constitutional violations)
 Other _____

Please note: This form has been created for prisoners but can be adapted for use by non-prisoners.

Now comes the plaintiff, Demico Turner, and states as follows:

My current address is: EAST Moline Correctional Center
100 Hillcrest Rd. East Moline IL 61244

The defendant Hill Corr. Ctr., is employed as Medical Staff ect.
 _____ at 1000 South Lindwood Rd. 61402

The defendant _____, is employed as _____
 _____ at _____

The defendant _____, is employed as _____
 _____ at _____

The defendant _____, is employed as _____
 _____ at _____

The defendant _____, is employed as _____
_____ at _____

For additional plaintiffs or defendants, provide the information in the same format as above on a separate page.

LITIGATION HISTORY

A. Have you brought any other lawsuits in state or federal court dealing with the same facts involved in this case? Yes No

If yes, please describe _____

B. Have you brought any other lawsuits in state or federal court while incarcerated?

Yes No

C. If your answer to B is yes, how many? _____ Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____

2. Court (if federal court, give name of district; if state court, give name of county)

3. Docket Number/Judge _____

4. Basic claim made _____

5. Disposition (That is, how did the case end. Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing of lawsuit _____

7. Approximate date of disposition _____

For additional cases, provide the above information in the same format on a separate page.

EXHAUSTION OF ADMINISTRATIVE REMEDIES

A. Is there a grievance procedure available at your institution? Yes No

B. Have you filed a grievance concerning the facts relating to this complaint? Yes No

If your answer is no, explain why not _____

C. Is the grievance process completed? Yes No

PLEASE NOTE: THE PRISON LITIGATION REFORM ACT BARS ANY INCARCERATED PERSON FROM BRINGING SUIT CONCERNING THE CONDITIONS OF HIS CONFINEMENT UNLESS AND UNTIL HE HAS EXHAUSTED AVAILABLE ADMINISTRATIVE REMEDIES. PLEASE ATTACH COPIES OF MATERIALS RELATING TO YOUR GRIEVANCE.

STATEMENT OF CLAIMPlace of the occurrence Hill Correctional CenterDate of the occurrence 6-12-06Witnesses to the occurrence Medical Staff

State here briefly the FACTS that support your case. Describe how EACH defendant is involved. Do not give any legal arguments or cite cases or statutes. Number each claim in a separate paragraph. Unrelated claims should be raised in a separate civil action.

THE COURT STRONGLY URGES THAT YOU USE ONLY THE SPACE PROVIDED.

On or around this time ; began 6-12-06 ; started having external boils under my skin and break outs all over my body, I began to vomit unconsciously and headaches, And started going to Sick Call (Medical unit), to see what the ailment was. As told to me by the Medical Staff i was infected with something (unknown to the med staff)! later on ; suffered 6 additional outbreaks of boils before being recommended for lab test during which time i was threatened with Seg in Conceren for my health. On 10-16-2006 ; Received the results of the lab test ; was diagnosed with (MRSA) And given Antibiotics which did not help! And i was not given treatment to help this thing that i had Contracted. I filed several Grievances to no avail.

After all the time that has passed i'm still feeling the the symptoms, NAISSA, itching headAchs, And breakouts and still being offered Antibiotics that don't help or work.

I WAS never Admitted into the Health Care Unit even after i was diagnosed with MRSA ; WAS still in General Population, Still sick, and NO help.

RELIEF REQUESTED

(State exactly what relief you want from the court.)

20,000 dollars Compensatory damages, this
Amount is negotiable

JURY DEMANDYes No

Signed this

August

day of

,2008Demico Turner

(Signature of Plaintiff)

Name of Plaintiff: <u>Demico Turner</u>	Inmate Identification Number: <u>K-63006</u>
Address: <u>EAST Moline Correctional Ctr</u> <u>100 Hillcrest Rd</u> <u>EAST Moline, IL 61244</u>	Telephone Number:

Hill Correctional Center
300 South Illinois Road
P.O. Box 1387
Folsom, IL 61402

University of

Illinois

Medical Center

Reference Laboratory

740 South Wood Street

Room 170 (M/C 750)

Chicago, Illinois 60612

Ph # (877)FOR-LABS

Lanne Maes, M.D., Director

PATIENT NAME		PATIENT ID	DOB	SEX	STATUS	DESTINATION
JONES, DEMETRO KELLOGG		1021-63036	04/22/1977	M	Final	DPR
PHYSICIAN		COLLECT DATE & TIME		DATE OF SERVICE		PRINTED ON
SVOBODA, CRAIG		10/16/2006 11:00		10/16/2006 23:58		10/16/2006 23:58 10/16/2006
REQUISITION NO.	PT. LAB NO.	LAB REF NO.				
1021-5602						
COMMENTS:						

Diagnostic Procedure	Result		Units	Reference Range		
	In Range	Out of Range				
URINE CULTURE						
SPECIMEN DESCRIPTION						
SPECIAL REQUESTS	RECEIVED ON CCL TRANSPORT SWAB					
ROUTINE	MANY STAPHYLOCOCCUS AUREUS (CHRSR) PATIENT					
REDIRECTS CONTACT ISOLATION.						
REPORT STATUS	FINAL					
	10/16/2006					
EXPLANATION						
ORGANISM	MANY STAPHYLOCOCCUS AUREUS (CHRSR) PATIENT					
MICROBIOLOGY						
MRSA	VITEK SUSCEPTIBILITY					
MICROBIOLOGY						
RESISTANT						
GENTAMICIN	SUSCEPTIBLE					
LEVOFLOXACIN	INTERMEDIATE					
MICROBIOLOGY						
FLUORIMIN	SUSCEPTIBLE. NOTE: SHOULD NOT BE USED ALONE FOR					
MICROBIOLOGY						
TETRAHYDRO	SUSCEPTIBLE					
CYTOMETHYLSTREPTOMYCIN	SUSCEPTIBLE					
MICROBIOLOGY						
VANCOMYCIN	SUSCEPTIBLE					

End of Report

10-24-06

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

DOC 0047

Grievance Officer's Report

Date Received: 10/24/07 Date of Review: 10/25/07 Grievance # (optional): _____Committed Person: TURNER, D ID# K63006Nature of Grievance: MED. TREATMENT

Facts Reviewed: Upon Arrival D Smokes His Cigarette & Aced In SB 07
- Received Treatment in App/107 for A Cold on the other
ARM. Cigarette Was Seen 10/21 & App 210-07, August 07
g Nurse Complained of MR 9A Issues on Symptoms. If
Grievant Has Medical Issues He Needs To Sign Up
For Sick Call & Issue Will Be Addressed

Recommendation: Grievance Denied

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, Including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 10/24/07 I concur I do not concur Remand

Comments: _____

Chief Administrative Officer's Signature

Date 11/26/07

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent document(s).)

Committed Person's Signature

ID#

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE*"Copy"* DOC 0046

Date: <u>6-12-07</u>	Committed Person: (Please Print) <u>Demica Turner</u>	ID# <u>K-63006</u>
Present Facility: <u>East Moline Corrections</u>	Facility where grievance issue occurred: <u>The Hill / East Moline Corrections</u>	

NATURE OF GRIEVANCE:

- Personal Property Mail Handling Restoration of Good Time Disability
 Staff Conduct Dietary Medical Treatment Other (Specify): _____
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator

- Disciplinary Report: 11/A Date of Report 6/12/07 Facility where issued _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if an EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Initial Summary of Grievance: To: counselor, I Demica Turner am filing a complaint on behalf of the lack of medical treatment I received here in East Moline H.C. It's been close to a year since I caught some type of bacterial infection in the last facility I was in before I got approved to be transferred here. I have bout type infection breakouts once every month or so and the antibiotics given to me don't work! I Told The doctor That The antibiotics wasn't working since I've been taking them for about a year now and still The infection remains. But was charged 2 dollars to be seen for something I can't control.

Relief Requested: _____

- Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Demica Turner K-63006 6/12/07
Committed Person's Signature ID# Date

(Continue on reverse side if necessary)

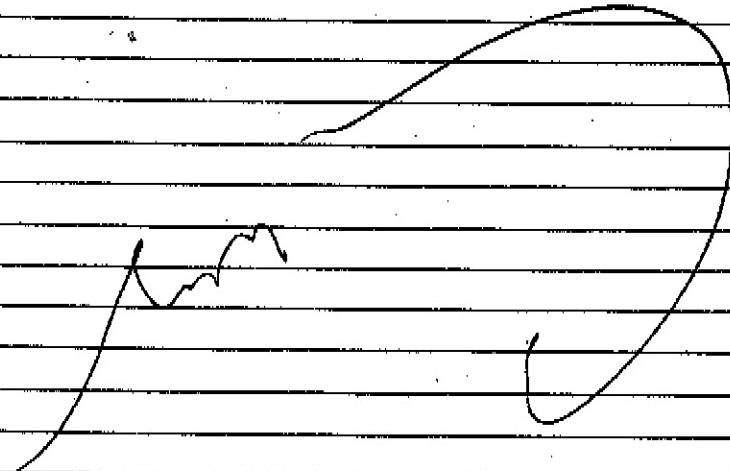
Date Received: <u>6/13/07</u>	Counselor's Response (if applicable)
Received: <u>6/13/07</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>Demita is going to medical treatment refer to medical records</u>	<u>Marilyn Tall</u> <u>6/13/07</u> Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: <u>6/13/07</u>	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
Chief Administrative Officer's Signature		Date

that I shouldn't have to keep paying for! This grievance
is being wrote to get me the proper medical attention I
deserve. And to reimburse me my 2 dollars. Thank you!

Note: I want to know the truth of my medical conditions
so I can stop taking all of these different kinds of antibiotics.



ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE*"Cop."*

DOC 0046

Date: <u>10-20-07</u>	Committed Person: (Please Print) <u>Demico Turner</u>	ID#: <u>K-63006</u>
Present Facility: <u>East Moline</u>	Facility where grievance issue occurred: <u>East Moline</u>	

NATURE OF GRIEVANCE:

- Personal Property Mail Handling Restoration of Good Time Disability
 Staff Conduct Dietary Medical Treatment Other (Specify) Health
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator

Disciplinary Report: 1/1/07 Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: To: Counselor, my grievance is in concern of lack of proper medical treatment down here in East Moline Corrections. I have contracted the disease infection (MRSA) in another facility before transferring here, but wasn't getting the proper medical care I deserved; but yet, now that I'm currently an inmate here in East Moline Corrections I'm wanting proper medical treatment. I explained to the Dr. down here I had been seeing for my (MRSA) conditions that the antibiotics didn't work because I had been taking them over a 1st year span and still I have the same symptoms. Boils, abdominal pains, and joint aches, which I know that something's wrong and no antibiotic has fixed it yet my concerns hasn't mattered and I want the proper care I deserve. I seen (MRSA) being talked about on CNN world news and it was stipulated by doctors that (MRSA) is non-resistant to all antibiotics but there are ways to treat it.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Demico Turner

Committed Person's Signature

K-63006

ID#

10/20/07

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 10/22/07 Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to
Administrative Review Board, P.O. Box 10277,
Springfield, IL 62784-0277

Response: Demico is growing a medical issue. Ref to Institutional officer

M.T.

Print Counselor's Name

M.T.

Counselor's Signature

10/22/07

Date of Response

EMERGENCY REVIEW

Date

Received: 10/22/07

Is this determined to be of an emergency nature?

- Yes; expedite emergency grievance
 No; an emergency is not substantiated.
 Committed person should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

10/22/07

Date